



EFFECTIVENESS OF HEALTH TEACHING ON KNOWLEDGE AND ATTITUDE REGARDING HAZARDS OF JUNK FOOD AMONG MOTHERS IN A SELECTED HOSPITAL AT CUDDALORE DISTRICT

Vanitha P.¹ M.Sc (N) | Suganthra Devi S.² M.Sc (N), Ph.D

¹ Associate Professor & HOD, Department of MSN O. P. R. Memorial College of Paramedical Science, Vadalur.

² Principal & HOD, Department of Community, O. P. R. Memorial College of Paramedical Science, Vadalur.

ABSTRACT

"Eat healthy and live healthy" is one of the essential requirements for long life. Unfortunately, today's world has been adapted to a system of consumption of foods which has several adverse effects on health. Lifestyle changes has compelled us so much that one has so little time to really think what we are eating is right! Junk food is the term given to food that is high in calories but low nutritional content. India's fast food industry is expanding at the rate of 40% every year. India ranks 10th in the fast food per capita spending figures with 2.1% of expenditure in annual total spending. **Objectives:** 1. To assess the pretest knowledge and attitude regarding hazards of junk food among mothers. 2. To assess the post-test knowledge and attitude regarding hazards of junk food among mothers. 3. To evaluate effectiveness of health teaching regarding hazards of junk food among mothers. 4. To correlate the knowledge regarding hazards' of junk food among mothers with certain demographic variables. **Method:** The Research design employed for this study was quasi experiment method. One group pretest and posttest design. The study was conducted from the samples of 50 mothers selected by convenient sampling technique in a selected hospital. Demographic data were collected from each mother. The knowledge was assessed by using semi-structured questionnaire and A Five point like scale was used to assess the attitude of the mothers on hazards of junk food **Result:** There was a statistically significant increase in knowledge and attitude regarding hazards of junk food after health teaching programme.

KEYWORDS: Monosodium Glutamate (MSG), Diabetes Mellitus (DM), hypertension (HTN).

INTRODUCTION:

"We are living in a world today where lemonade is made from artificial flavors and furniture polish is made from real lemons."

-Afresh E Newman

Food is a substance, usually composed of carbohydrate, fats, protein and water that can be eaten (or) drunk by an animal (or) human for nutrition (or) pleasure.

Food is an important part of a balanced diet; it is something everyone needs, every day. Life can be sustained only with adequate nourishment, man need food for growth, development and to lead an active and healthy life.

Coming to Indian Junk food, locally called 'Chaat', these mostly include the Samosas, Kachoris, Panipuris/golgappas are fried items with various filling within an outer layer made of refined flour. In India even Chinese food sold in road side stalls is Junk food, because they contain high amount of Monosodium Glutamate (MSG) which is a flavor enhancer and this MSG is recognized as a health hazards if taken in larger quantities because it causes head ache, nausea, weakness, wheezing, edema, change in heart rate, burning sensation and difficulty in breathing.

(More Ujwala Ramchandra, Avinash H. Salunkhe, V. R. Mohite 2015)

India's fast food industry is expanding at the rate of 40% every year. India ranks 10th in the fast food per capita spending figures with 2.1% of expenditure in annual total spending.

NEED FOR THE STUDY:

Popularity of these food stuffs in this age of urbanization has been attributed to quick preparation and convenience of finishing a meal with in no time. Great taste; attractive appearance along with advertising has played a major role in attracting people.

Food additives used in these food stuffs are found to be carcinogenic and be allergic causing asthma and rashes.

Junk food tastes good, but the effects on the health is detrimental, junk food have become a prominent feature of the diet of youngsters, especially in the developing country, the health problem that stem from overweight and obesity can shorten the life span. (Thamarai R 2015)

Eating junk food causes:

Weight gain (Obesity)

Diabetes Mellitus (DM)

Heart diseases (hypertension -HTN) Geeta Arya, Sunita Mishra 2013)

A descriptive study conducted by WHO regarding fast-food and obesity founded that 1.6 billion adults (above 15 year) were overweight; at least 400 million adults were obese. WHO further projects that by 2015, 2.3 billion adults will be over-

weight and more than 700 million will be obese (Vaishali Pawar, 2015)

OPERATIONAL DEFINITION:

Knowledge:

- In this study knowledge refers to the correct response given by mothers to questionnaire regarding hazards of junk food in selected hospital.

Junk food:

- In this study it refers to any food item such as soft drinks, chips, pizza, ice, cream, hamburgers, cookies, bread, biscuits, cakes, fried food etc., that have poor nutritional value and contains sugar, fats, oil and salt which are considered as unhealthy for children and adult, available at school canteen, colleges near by shops, restaurants and road side.

Effectiveness:

- It is the defined change brought about by the structured teaching programme and measured in terms of significant difference between pretest and posttest knowledge and attitude.

Structured teaching programme:

- It is a systemically developed structured teaching programme with teaching aid designed.

OBJECTIVES:

- To assess the pretest knowledge and attitude regarding hazards of junk food among mothers.
- To assess the posttest knowledge and attitude regarding hazards of junk food among mothers.
- To evaluate effectiveness of health teaching regarding hazards of junk food among mothers.
- To correlate the knowledge regarding hazards' of junk food among mothers with certain demographic variables.

HYPOTHESIS:

- H₁:** There will be significant difference in the knowledge regarding hazards of junk food among mothers in selected hospital
- H₂:** There will be significant difference in the attitude regarding hazards of junk food among mothers in selected hospitals.
- H₃:** There is a significant association between demographic variables with knowledge scores of high among mothers in selected hospitals.

METHODOLOGY:

Quasi Experimental method. One group pre-test and post-test design.

Study setting: NLC GH, Neyveli, Cuddalore District

Population : Mother who are attending Out Patient Department (OPD)

Sample: The sample consisted of 50 Mothers

Description of tool:

Tool consists of 3 Parts

Part I : Demographic Variables

Part II: Semi-structured questionnaire was used to assess the Knowledge on hazards of junk food.

Part III: Five point likert scale was used to assess the attitude on Hazards of junk food.

RESULT AND DISCUSSION:

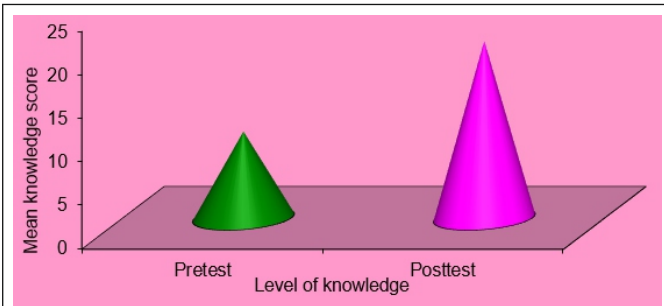


Fig. 1: Mean knowledge score of hazards of Junk food between pretest and posttest

Table 1: Distribution of level knowledge regarding hazards of junk food among mothers in Pretest and posttest

N= 50

S. No	Level of knowledge	Pretest		Posttest	
		Frequency	%	Frequency	%
1	Inadequate (below 50)	21	42	-	-
2	Moderately adequate (50-75)	29	58	-	-
3	Adequate (>75)	-	-	50	100

Table-1 shows that, in pretest 21 (42%) had inadequate knowledge, 29 (58%) had moderately adequate knowledge. In posttest 50 (100%) had adequate knowledge.

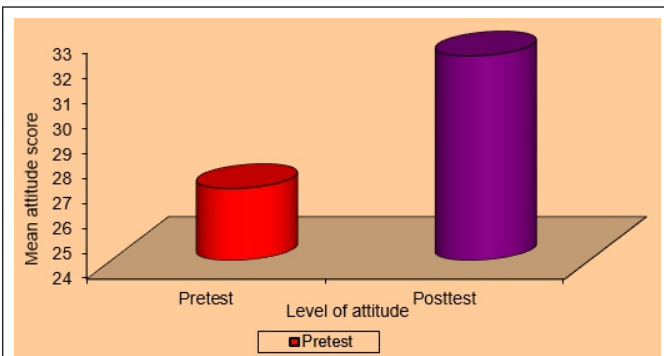


Fig. 2: Mean attitude score of hazards of junk food between pretest and posttest

Table 2: Distribution of level of attitude regarding hazards of junk food among mothers in Pretest and posttest

N= 50

S. No	Level of attitude	Pretest		Posttest	
		Frequency	%	Frequency	%
1	Moderately favourable Attitude (below 30)	39	78	19	38
2	High favourable attitude (>30)	11	22	31	62

Table-2 shows that 39(78%) of the mothers had moderately favourable attitude and 11 (22%) had high favourable attitude in the pretest. In posttest 19 (38%) had

moderately favourable attitude and 31(62%) mothers had high favourable attitude.

Table 3: Comparison of mean knowledge score of hazards of junk food among mothers between pretest and posttest

N= 50

Knowledge	Frequency	Mean value	Mean difference	't' test	'P' value
Pretest	50	9.94	10.38	25.50	<0.001 (S)
Posttest	50	20.32			

S = Significant

Table-3 shows that, the mean difference of knowledge in pretest and posttest was 10.38. Paired 't' test value showed statistically significant difference at $P < 0.001$ level. The first hypothesis "mean posttest knowledge on hazards of junk food will be significantly higher than the mean pretest knowledge score of mothers after health teaching is supported.

Table 4: Comparison of mean attitude score of hazards of junk food between Pretest and posttest

N= 50

Knowledge	Frequency	Mean value	Mean difference	't' test	'P' value
Pretest	50	26.86	5.28	6.47	<0.001 (S)
Posttest	50	32.14			

S = Significant

Table-4 shows that, the mean difference of attitude in pretest and posttest was 5.28. Paired 't' test value showed statistically significant difference at $P < 0.001$ level. The second hypothesis "mean posttest attitude hazards of junk food will be significantly higher than the mean pretest attitude score of mothers after health teaching is supported.

Table 5: Correlation of mean and SD score of pretest knowledge by selected demographic variables: age, marital status, History of junk food consumption and Sources of health information about hazards of junk food

N= 50

S. No	Demographic variables	Knowledge pretest		't' value / M.W.U.T	'p' value	Level of Significant
		Mean	S.D			
1	Age:					
	20-35	9.91	2.36	0.193	0.908	NS
	36-50	9.8	3.58			
	51-60	10.40	2.96			
2	Marital status:					
	Single	9.91	2.62	257.000	0.913	NS
	Married	10.0	2.80			
3	History of junk food consumption:					
	Yes	-`	-	-	-	-
	No	-	-	-	-	-
4	Sources of health information about hazards of junk food:					
	Health magazines	10.27	2.61	0.174	0.996	NS
	Media	10.0	2.44			
	Health personnel	9.57	2.69			
	Friends / Relatives	9.66	3.83			
	Nil	9.80	2.95			

NS = Non significant

Table-5 shows that there is no significant correlation of mean and SD score of pretest knowledge by selected demographic variables: age, marital status, history of junk food consumption and source of health information about hazards of junk food. It shows the effectiveness of health teaching programme to improve the knowledge on hazards of junk food.

CONCLUSION:

There was a statistically significant increase in knowledge and attitude regarding hazards of junk food after health teaching programme. A total of 50 mothers who are attending OPD in NLC GH Naively were selected for the study using convenient sampling technique. Written consent was obtained from the samples assessed. The knowledge was assessed using semi structured questionnaire and attitude was assessed by 5 point liker scale. There is a statistically significant dif-

ference on mean knowledge and attitude score after health programme. After health teaching program the post test report shows that, 4% Mothers had inadequate knowledge, 8% Mothers had moderately adequate knowledge, 88% Mothers had adequate knowledge, 32% Mothers had moderately favorable attitude in post test 68% mothers have high favorable attitude in posttest.

REFERENCES:

1. Smelter C. Suzanne and Brenda G. Bare. Textbook of Medical- Surgical Nursing. 10th edition, Philadelphia, Lippincott Williams & Wilkins, 2004.
2. Polit F. Denise. Nursing Research principles and methods. 7th edition, Philadelphia, Lippincott Williams & Wilkins, 2006;
3. Arya G, Mishra S., Effect of Junk food and beverages on adolescent's health –a review articles. IOSR Journal of Nursing and health sciences (IOSR-JNHS): 2013,1(6): Page 26-32.
4. Thamarai R, Sivakumar K and Kalavathy Ponniraiyan Awareness of health consequences of junk foods among medical students, International Journal of Recent Scientific Research, 2015 Vol. 6, Issue, 3, pp.3203-3207, March.
5. Ashakiran, R Deepthi. Fast foods and their impact on health. Journal of Krishna Institute of Medical Sciences University. 2012; 1:7–15.
6. Vaishali Krishna Pawar Health Hazards and Knowledge about Junk Foods-A Review International Journal of Nursing Research (IJNR) 2015, Vol 1 (2), 146-157,
7. More Ujwala Ramchandra, Avinash H. Salunkhe, V. R. Mohite Knowledge Regarding Health Hazards of Junk Foods among Adolescents, International Journal of Science and Research (IJSR) 2015 Volume 4 Issue 4, April.